ficult for the transplant team to have complete assurance that the patient took every dose correctly and, if patients were admitted to the inpatient unit prior to completing therapy, to know exactly how many doses were given and how many remained. The HSCT Clinical Nurse Specialist led a process improvement effort to increase the safety of patient-administered oral Busulfan. A new form was developed, the Busulfan Medication Documentation Record. Patients and caregivers document Busulfan doses administered on the form, which becomes a permanent part of the medical record. Patient Education about Busulfan therapy was standardized and written resources were updated. A second new form was developed, the Busulfan Management Flowsheet, which serves as a record of nursing verification of all Busulfan doses. Outpatient nurses were trained to coach patients on the use of the Busulfan Medication Documentation Record, and inpatient nurses were trained to collect the form on admission to the hospital, which generally occurs the morning after the last dose of Busulfan is administered at home. If patients are admitted during Busulfan therapy, nurses know to collect the form to determine how many doses remain and ensure that no under- or overdosing takes place. Nurses updated the outpatient and inpatient Busulfan Nursing Policies and Procedures to reflect the system changes. The outcomes of the process improvement project have been positive. Nurses have a higher level of confidence that patients understand the importance of taking Busulfan correctly. On audit, 100% of Busulfan Medication Documentation Records have been completed perfectly by patients and caregivers. Additionally, a nurse discovered a Busulfan dosing error that did not reach the patient that could have been missed prior to the process improvement.

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TAILORING INITIAL CHEMOTHERAPY EDUCATION TO THE NEEDS OF HEMATOPOIETIC STEM CELL TRANSPLANT NURSES

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Hematopoietic Stem Cell Transplant (HSCT) nurses need specialized knowledge in chemotherapy administration. In addition to the knowledge and skills that all chemotherapy-trained nurses must possess, the HSCT nurse must have the ability to administer and manage toxicities for chemotherapy given at extremely high doses as well as in investigational regimens and for off-label indications. At the University of Washington Medical Center (Seattle Cancer Care Alliance), we have developed a Chemotherapy Skills Day that all nurses who are new to chemotherapy administration attend after the two-day didactic course, *Foundations in Chemotherapy Practice*. The HSCT Clinical Nurse Specialist (CNS), the Oncology CNS, and the HSCT/Oncology Staff Development Specialist offer the skills day as a collaborative effort of case-based learning. The nurses learn in a hands-on, informal environment where they assimilate new skills using applicable examples from clinical practice. The HSCT CNS leads the HSCT nurse-learners through specialized skill acquisition necessary for safe chemotherapy administration on the inpatient HSCT units. The HSCT nurses learn dose verification processes, patient teaching standards, safe handling practices, documentation guidelines and side effect management unique to the HSCT population for the chemotherapy agents that they will commonly encounter in their practice. The skills day is offered twice a year, in conjunction with the 2-day didactic course. Nurse managers and participants are extremely satisfied with the additional knowledge they gain at the skills day, and staff nurses on the HSCT and oncology units have noticed an increased level of skill and confidence in nurses who attend the Chemotherapy Skills Day than in previous nurses who attended just the 2-day didactic course.

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A UNIQUE STAFFING STRATEGY

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A successful BMT requires many elements, including consistent nursing care. Froedtert Hospital (FH) provides this consistency by utilizing a unique staffing strategy. Nurses on the BMT unit at FH work 7/70. Seven seventy requires a nurse to work seven ten hour shifts in a row and then allows them seven days off. Working seven days in a row insures consistent nursing care. Seven seventy offers an extra six hours a day of nursing care to each patient. The overlap of shifts ensures time to provide extra nursing care, patient education, and emotional support. When extra time is not needed for patient care, the involved nurse may participate in projects to better the patients' quality of care. Patients benefit from the continuity of care 7/70 provides. Caring for a patient seven days in a row allows the nurse time to get to know the patient. Patients undergoing a BMT are vulnerable to many complications. Often the start of these complications is not obvious. A nurse becomes so familiar with their patients, the initial signs and symptoms of these complications can be noticed early. With these complications, time is of the essence and early detection is paramount. FH has traditionally staffed their units through a centralized nursing office. Unit managers would report unit activity to a staffing office that made the final decision. The hospital is currently amidst a pilot to decentralize staffing. Units were split into clusters and staff nurses were trained as shift coordinators allowing them to collaborate within their cluster to make staffing decisions. A decentralized approach to staffing allows the nursing staff more autonomy. The BMT unit is clustered with the Hem/Onc unit. The benefits of this cluster include; similar patients, shared physicians, and geographic proximity. Physicians have appreciated a decrease in float nurses unfamiliar with the nuances of cancer care. A limited number of float nurses allocated by the nursing office continue to be available when needed. During the 5 months prior to the pilot, the unit staffed themselves 211 times and during the first 5 months of the pilot, the unit has staffed themselves 372 times. By increasing unit and cluster availability, the hope is to see a rise in patient and nursing satisfaction as well as a decrease in errors. FH's unorthodox approach to staffing has provided consistency in patient care and we are hoping our new cluster model will enhance the quality of care already provided by the 7/70 model.

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THE DEVELOPMENT OF A PATIENT CLASSIFICATION TOOL ON AN INPATIENT BLOOD AND MARROW TRANSPLANTATION UNIT

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Patient classification systems (PCS) have been used as a tool to determine staffing levels in health care institutions for the past 30 years. The purpose of the PCS was to adequately staff patient care units without compromising care delivery. In the current health care arena, an increasing focus on rising health care costs, the shortage of nurses, and proposals for safer, mandatory staffing levels have led many hospital administrators and nurse managers to re-evaluate the standards in their own institutions. The use of Patient Dependency Systems (PDS) has presented an alternative to the PCS model. Rather than emphasize solely on the acuity of each patient, the PDS places a greater focus on the patient's dependency on staff to have their needs met. A patient classification tool utilizing the PDS model is currently being developed at our comprehensive cancer center. Each inpatient unit is actively involved in the process of creating a tool specific to their patient population. On the inpatient blood and marrow transplant unit, a committee comprised of nurse management and staff nurses was formed to evaluate our unit's needs. From this committee, 9 classification categories have been developed with defined criteria for each. A point system allocates a set number of points for each criterion in a particular category. Patients are then placed in a class level (1-5) based on their total points and reevaluated every shift. The second part of this model encompasses workload measurement. This process will assist in determining the hours of care required by each patient and quantifying the work done by the nurse during a particular shift. It will focus on both direct and indirect care activities, as well as routine activities on the unit. The goals of this project are:

- Optimal staffing levels for all inpatient units
- Appropriate use and allocation of resources
- Maintaining budget compliance